

GRANT AWARD APPROVAL FORM

1. OFFICIAL NAME OF GRANT PROGRAM:	Date of SBE Approval of Grant Criteria 6/8/2004																
<div style="display: flex; justify-content: space-between;"><div>2007--2008 <small>(year) (year)</small></div><div><u>Special Projects Grant For Suicide Prevention</u> <small>(title)</small></div></div> <p>Type: <input checked="" type="checkbox"/> Initial <input type="checkbox"/> Amendment <input type="checkbox"/> Continuation</p> <p><u>Legislation Authorizing This Grant Program:</u></p> <div style="display: flex; justify-content: space-between;"><div><input type="checkbox"/> Federal Grant: CFDA Number _____</div><div><input type="checkbox"/> State Aid Grant: Section Number _____</div><div><input checked="" type="checkbox"/> Other (Private, Foundation)</div></div>																	
2. SBE Priorities, Policies, and Programs that this Grant Supports (This information can be found on the SBE approved grant criteria form.): Enhance the collaboration between education, health, communities, parents, and other key stakeholders to reduce health disparities and promote the health, well-being, and academic achievement of all of Michigan's school-age youth.																	
3. Background/Purpose of Grant Program: Special project grants will be disseminated to assist in coordination and support to improve the health, well-being, and educational achievement of Michigan youth through the coordination of health programs.	Type of Grant Program: (check one) <div style="margin-top: 5px;"><input type="checkbox"/> Competitive <input type="checkbox"/> Formula <input checked="" type="checkbox"/> Other: (specify below) Designated</div>																
4. Target Population to be Served by Grant: Michigan educators, collaborative partner agencies, and school-aged youth.																	
5. Eligible Applicants: Designated state agency and non-profit organizations that provide programs and services in school health.																	
<table style="width: 100%; border: none;"><tr><td style="width: 25%;">6. Award Information:</td><td style="width: 25%;">Amendment Date(s): _____</td><td style="width: 25%;">Amendment Amount(s): \$ _____</td><td style="width: 25%;">Total Recommended Award to Date: <u>\$5,000</u></td></tr><tr><td>Original Award Date: <u>10/1/07</u></td><td>_____</td><td>\$ _____</td><td></td></tr><tr><td>Original Award Amount: <u>\$5,000</u></td><td>_____</td><td>\$ _____</td><td></td></tr><tr><td></td><td>_____</td><td>\$ _____</td><td></td></tr></table>		6. Award Information:	Amendment Date(s): _____	Amendment Amount(s): \$ _____	Total Recommended Award to Date: <u>\$5,000</u>	Original Award Date: <u>10/1/07</u>	_____	\$ _____		Original Award Amount: <u>\$5,000</u>	_____	\$ _____			_____	\$ _____	
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<div style="display: flex; justify-content: space-between;"><div>This Form Was Prepared by: Patty Lawless</div><div>Phone Number: 311221</div></div>																	

RECEIVED
SEP 17 2007
Dept Supt for Admin

3551 2210

8. OFFICE

Office Director Approval Signature: _____

 F.R. Mc

Date: _____

9/18/2007

Phone: _____

Comments: _____

9. GRANTS OFFICE

Grants Office Approval Signature: _____

 F.R. Mc

Date: _____

9/18/2007

Comments: _____

☐ Exhibit A Not Required☒ Exhibit B Not Required**10. DEPUTY SUPERINTENDENT**

Deputy Superintendent Approval Signature: _____



Date: _____

9-18-07

Comments: _____

11. SUPERINTENDENT

Superintendent Approval Signature: _____



Date: _____

9-19-07

Comments: _____

INSTRUCTIONS

- A. Complete items 1-8 on this form. The Grants Administration and Coordination Unit will facilitate completion of items 9-11.
- B. **Attach three (3) sets of Exhibits A and B (one original and 2 copies).** Do not staple the pink form nor the originals of Exhibits A and B.
- Exhibit A---List of applicants (alphabetical order) recommended for funding, the amount requested and the amount Recommended to be funded.
- Exhibit B---List of applicants (alphabetical order) not recommended for funding and the amount each requested.
- C. Attach the grant award letters for the Superintendent's signature and the non-award letters for the Service Area Director's signature. The letters should be submitted in the same order given in Exhibit A and/or B. For each final Grant Award Notification letter, a Grant Award Notification form (yellow sheet) also needs to be submitted for the Superintendent's signature.
- D. Transmit Grant Award Approval Form (pink), attachments, and letters to the Grants Administration and Coordination Unit.

Note: This process takes, on average, two weeks from the time the packet with the Office Director's signature on it is delivered to the Grants Office, until the time the fully signed packet is routed to the person administering the grant program. This time varies depending upon the number of corrections that are necessary and the availability of all of the signers. It can take longer particularly around holiday times when the signers may be out of the office. Proofread and plan accordingly.

**2007-2008 Special Projects Grant
for Suicide Prevention
Funding for FY 2008**

<u>Applicant Recommended for Funding</u>	<u>Amount Requested</u>	<u>Amount Recommended</u>
Michigan Primary Care Association	<u>\$ 5,000</u>	<u>\$ 5,000</u>
<u>TOTAL</u>	\$ 5,000	\$ 5,000